

**CANDIDATE OATH  
STATE AND LOCAL PARTISAN OFFICE  
WITH PARTY AFFILIATION**

2024 JUN 10 PM 12:06

OFFICE USE ONLY

**Candidate Oath**

Name to appear on ballot: Mike Barnett

Check box if two last names without hyphen.  (Name cannot be changed after qualifying.)

Check box if name includes nickname.  (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the office of Palm Beach County Commission, 3  
(Office) (District #)  
; I am a qualified elector of Palm Beach County, Florida;  
(Circuit #) (Group or Seat #)

I am a qualified elector under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

**Statement of Party**

I swear or affirm that I am a member of the Republican Party; I have been a registered member of this political party, for which I am seeking nomination as a candidate, for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated political party.

**Statement of Outstanding Fines, Fees, or Penalties**

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do \_\_\_\_\_ NO, I Do Not X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X [Signature] ( ) (561) 247-3855 mike@votemikebarnett.com  
Signature of Candidate Telephone Number Email Address  
4104 Coquina Winds Way Greenacres FL 33463  
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF PALM BEACH

Sworn to (or affirmed) and subscribed before me by means of  
online notarization  OR physical presence   
this 3<sup>TH</sup> day of JUNE, 2024.

Personally Known  OR Produced Identification   
Type of Identification Produced: FL Driver license

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public below:



**Phonetic Spelling of Name**

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 3 of this form):

Mike Bar-net

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**Statement of Outstanding Fines, Fees or Penalties**

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity

**Affidavit of Nickname (Only required if using nickname for the ballot.)**

My legal name is Michael Barnett. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is Mike Barnett. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: [Handwritten Signature]

STATE OF FLORIDA  
COUNTY OF Palm Beach

[Handwritten Signature]  
Signature of Notary Public  
Print, Type) or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me by means of online notarization  OR physical presence

this 5<sup>TH</sup> day of JUNE, 2024.

Personally Known  OR Produced Identification

Type of Identification Produced: FL Driver license



2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/03/2024

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**General Information**

Name: Mr Michael Anthony Barnett  
Address: 301 N OLIVE AVE, WEST PALM BCH, FL 33401 **PID 301071**  
County: Palm Beach

**AGENCY INFORMATION**

Organization	Suborganization	Title
Department Of Law Enforcement Palm Beach County	Medical Examiners Commission Elected Constitutional Officer	County Commissioner County Commissioner, District 3
Palm Beach County Solid Waste Authority	Solid Waste Authority, Palm Beach County	County Commissioner, District 3
Treasure Coast Reg. Planning Council	Board of Supervisors	Commissioner

**CANDIDATE FOR**

Position	Agency Name	Position sought or held
County Commission	Palm Beach County	County Commissioner District 3

**Net Worth**

My Net Worth as of December 31, 2023 was -\$ 154,905.18.

**Assets** 2024 JUN 10 PM 12: 06

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 41,028.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Bank Account (Chase Checking Acct.)	\$ 4,363.43
Bank Account (Chase Checking Acct.)	\$ 50,823.22
Retirement - SHINER LAW GROUP PA 401(K) PLAN	\$ 22,390.21
See Attached	

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Nelnet Federal Student Loans	P.O. Box 82561 Lincoln, NE 68501-2561	\$ 269,705.35
Emed LLP	PO BOX 862103 ORLANDO, FL 32886	\$ 1,069.00
EDC/PENTAURUS LLC	200 SHEFFIELD STREET STE 305 MOUNTAINSIDE, NJ 07092	\$ 2,500.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/03/2024

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**Income**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Palm Beach County Board of County Commissioners	301 N. Olive Avenue, West Palm Beach, FL 33401	\$ 115,503.66
Shiner Law Group PA	7800 Congress Avenue, Ste 108, Boca Raton, FL 33487	\$ 45,594.06

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

**Interests in Specified Businesses**

Business Entity # 1
N/A

**Training**

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This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- I certify that I have completed the required training under Section 112.3142, F.S.
- Required training under Section 112.3142, F.S., not applicable to filer for this form year.

**Signature of Reporting Official or Candidate**

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

***Michael Anthony Barnett***

Digitally signed: 06/03/2024

Filed with COE: 06/03/2024



Retirement

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Research Investments

- Account
- Investments
- My info
- Get help

# Research investments

## SHINER LAW GROUP PA 401(K) PLAN

Account # [REDACTED] 401k Nontrust

- Investment options
- Price history

My investments (1)

All investments (54)

Filter | Download

FEEDBACK

COMPARE Selected 0 of 4 CLEAR

Summary

Performance

As of 05/31/2024\*

COMPARE	INVESTMENT NAME	DETAILS	ASSET CLASS	INCEPTION DATE	PRICE (\$)	PRICE CHANGE (\$)	UNITS	VALUE (\$)
	YourPath Passive 2040 Mod SAGQ		Asset Allocation	07/19/2019	14.7509	0.0979	1,517.888	22,390.210



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## Plan investment information

\* The performance data quoted above represents past performance; past performance does not guarantee future results. Investment return and principal value will fluctuate so your account balance, when redeemed, may be worth more or less than your original cost. Current performance may be lower or higher than the performance data quoted.

Prospectuses are available for the mutual funds that are underlying options of the group variable annuity. The prospectus contains information on the fund's investment objectives, risks, charges and expenses, and may be available from the plan sponsor. An investor should consider the investment objectives, risks, charges and expenses of the group variable annuity and underlying funds carefully before investing.

The performance shown reflects the deduction of the average operating expense of the underlying mutual fund or collective investment trust, as well as investment management fees or separate account fees that are charged by Lincoln under the group variable annuity contract. All other contract fees, including the asset charge, have not been deducted. Asset charges v contract but typically range from 0.00% to 1.50% of a participant's account (percentages are annual). If these fees had been deducted, this performance would have been lower. More information about your contract's asset charge or any other contract charges can be obtained by speaking with your Plan Sponsor.

FEEDBACK

Instances of high double-digit investment returns are highly unusual and cannot be sustained. Investors should be aware that returns vary due to market conditions. These portfolios may contain different investments than similarly named mutual funds offered by the same money manager. Investment results may be higher or lower. Refer back to this website ([www.LincolnFinancial.com](http://www.LincolnFinancial.com)) for current performance.

Monthly hypothetical performance is based on the fund inception date which predates the inclusion of the fund in the product.

*Lincoln Director<sup>SM</sup>, a group variable annuity contract, is issued on variations of contract form 19476 and state variations and amendment forms AR-450 or AR-450A and AR-451 or AR-451A by The Lincoln National Life Insurance Company, Fort Wayne, IN, and distributed by Lincoln Financial Distributors, Inc., Radnor, PA, a broker-dealer. Contractual obligations are subject to the claims-paying ability of The Lincoln National Life Insurance Company.*

*Contracts sold in New York are issued on variations of contract form 19476NY and amendment forms AR 450 or AR-450NVA and AR451 or AR-451NVA by Lincoln Life & Annuity Company of New York, Syracuse, NY. Contractual obligations are subject to the claims-paying ability of Lincoln Life & Annuity Company of New York.*

*Products and features are subject to state availability. Limitations and exclusions may apply.*

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contractual obligations.

Do Not Sell or Share My Personal Information

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FEEDBACK